

Employment Information

Who was your immediate supervisor? _____

Did you quit? Yes _____ No _____ Were you discharged? Yes _____ No _____

Why? Explain _____

Did you ask for your wages? Yes _____ No _____ If yes, on what date? _____

Date worked	Where work was performed	Total hours per day	Rate per hour	Total money earned	Date and amount paid

State the facts leading up to the wage dispute: (Reason for non-payment.)

ASSIGNMENT

I HEREBY CERTIFY, that this is a true statement of wages due me to the best of my knowledge and belief. I understand that acceptance of this claim by the Labor Standards Bureau of the Labor Commission (Bureau) does not guarantee collection. I hereby assign the said wages to the Bureau to collect in accordance with the Utah Labor Code.

I AGREE TO APPEAR AT ANY HEARING CALLED BY THE BUREAU TO CONSIDER MY CLAIM. FAILURE TO DO SO WILL BE REASON FOR DISMISSAL OF MY CLAIM. If the Bureau or its agents conclude that a compromise settlement is necessary to reach an equitable settlement, I authorize the Bureau to execute the same and my failure to accept may result in dismissal of my claim.

I authorize the Bureau or its agents to receive any U.S. currency, checks or money orders obtained as payment of this claim. If I do not call at this office for money paid on this claim, I authorize the mailing of same, at my own risk. I understand that neglect on my part to keep in touch with the Bureau may result in dismissal of my claim.

THIS IS A SWORN STATEMENT

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Date

Claimant's signature

Sworn to before me and subscribed to in my presence this _____ day of _____ 20 _____

Notary Public